(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	······
(Cit	y/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL.
<b>(</b> Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	F	M
Resign		
	Office Use On	ily



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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FOR OUR SONS, LLC	
(Name of Limited I	Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Me	mber or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this matt	er to the following:
GONXHE BAJRAMI	
(Name of Person)	<u> </u>
FOR OUR SONS, LLC	
(Firm/Company)	
13224 CHERRY BARK CIR	<del></del>
(Address)	
RIVERVIEW, FL 33569	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please	e call:
CONVER DA IDAMI	242 2742 741 2286
	813 <u>352-6413 741-93</u> 86 (Area Code & Daytime Telephone Number)
(Name of Ferson)	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy
CR2E079 (8/05)	Commod Copy



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Thomas Santawa hereby resign as MEMBER	_
(Title)	
of FOR OUR SONS, LLC	. 2
(Limited Liability Company)	* -
a limited liability company organized under the laws of the State of FLORIDA	, د
(Signature of resigning manager, managing member or member)  SECULARY  OF STATE  OF ST	

### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314